



ESTIMATED PROPRIETORSHIP BUSINESS TAX

| | BET (a) | BPT (b) |
|--|----------------|----------------|
| 1 ESTIMATED TAX BASE AND/OR TAXABLE BUSINESS PROFITS | | |
| (a) BET Taxable Base After Apportionment | | |
| (b) New Hampshire Taxable Business Profits After Apportionment | | |
| 2 TAX | | |
| (a) Line 1(a) x .0055 | | |
| (b) Line 1(b) x .075 | | |
| 3 CREDITS | | |
| (a) RSA 162-L:10 (CDFA Investment Tax Credit) | | |
| (b) RSA 162-N (Economic Revitalization Zone Tax Credit) | | |
| (c) RSA 162-P (Research & Development Tax Credit) | | |
| (d) RSA 162-Q (Coos County Job Creation Tax Credit) | | |
| (e) RSA 77-G (Education Tax Credit) | | |
| (f) RSA 400-A (Insurance Tax Credit) | | |
| (g) RSA 77-A:5, X (BET Credit) | | |
| (h) RSA 188-E:9-a (CTE Centers Tax Credit) | | |
| (i) RSA 21-I:103 (Granite State Paid Family and Medical Leave Plan Tax Credit) | | |
| (j) Total Credits (Sum of Lines 3(a) through 3(i)) | | |
| 4 ESTIMATED TAX FOR THE CURRENT YEAR (Line 2 minus Line 3(j)) | | |
| 5 OVERPAYMENT FROM PREVIOUS TAXABLE PERIOD | | |
| 6 BALANCE OF BUSINESS TAXES DUE (Line 4 minus Line 5) | | |

COMPUTATION AND RECORD OF PAYMENTS

| | Date Paid | Amount of Each Installment | | Total Due (BET and/or BPT) | Calendar Year Dates |
|---|------------------|-----------------------------------|------------|--------------------------------------|----------------------------|
| | | BET | BPT | | |
| 1 | | | | | April 15, 2024 |
| 2 | | | | | June 15, 2024 |
| 3 | | | | | Sept. 15, 2024 |
| 4 | | | | | Dec. 15, 2024 |

IMPORTANT
THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY
IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc



ESTIMATED PROPRIETORSHIP BUSINESS TAX - Payment Form 1

For the CALENDAR year **2024** or other taxable period beginning: and ending:

Proprietor's Last Name

Taxpayer Identification Number

First Name MI Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

DO NOT CUT. SUBMIT THIS ENTIRE PAGE.

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

Or mail to:
NH DRA
PO Box 1265
Concord NH 03302-1265

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

1/4 BET 1
1/4 BPT 2
Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - Payment Form 2

For the CALENDAR year **2024** or other taxable period beginning: and ending:

Proprietor's Last Name

Taxpayer Identification Number

First Name

MI

Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

DO NOT CUT. SUBMIT THIS ENTIRE PAGE.

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

Or mail to:
NH DRA
PO Box 1265
Concord NH 03302-1265

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - Payment Form 3

For the CALENDAR year **2024** or other taxable period beginning: and ending:

| | | | | | |
|--|----------------------------|---|---|--|--|
| Proprietor's Last Name <input type="text"/> | | | Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| First Name <input type="text"/> | MI <input type="text"/> | Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

DO NOT CUT. SUBMIT THIS ENTIRE PAGE.

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

Or mail to:
NH DRA
PO Box 1265
Concord NH 03302-1265

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

| | | |
|-------------------|---|---|
| 1/4 BET | 1 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1/4 BPT | 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Amount of Payment | 3 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - Payment Form 4

For the CALENDAR year **2024** or other taxable period beginning: and ending:

Proprietor's Last Name

Taxpayer Identification Number

First Name MI Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

DO NOT CUT. SUBMIT THIS ENTIRE PAGE.

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

Or mail to:
NH DRA
PO Box 1265
Concord NH 03302-1265

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE



WHO MUST PAY ESTIMATED TAX

Every entity required to file a Business Profits Tax (BPT) return and/or Business Enterprise Tax (BET) return must also make estimated tax payments for each individual tax for its subsequent taxable period, unless the annual estimated tax for the subsequent taxable period is:

- less than \$200 for Business Profits tax.
- less than \$260 for Business Enterprise tax.

WHERE TO MAKE PAYMENTS

Make estimated tax payments on-line at Granite Tax Connect www.revenue.nh.gov/gtc or mail to NH DRA, PO Box 1265, Concord, NH 03302-1265.

WHEN TO MAKE PAYMENTS

Note: If the 15th falls on a Saturday, Sunday, or legal holiday, the estimated tax payment is due on the next business day.

CALENDAR YEAR FILERS:

- 1st quarterly estimated tax payment is due April 15, 2024
- 2nd quarterly estimated tax payment is due June 15, 2024
- 3rd quarterly estimated tax payment is due September 15, 2024
- 4th quarterly estimated tax payment is due December 15, 2024

FISCAL YEAR FILERS:

A quarterly estimated tax payment is due on or before the 15th day of the 4th, 6th, 9th, and 12th months of the taxable period to which the estimated tax payment relates. **FISCAL YEAR FILERS MUST ENTER THE TAX PERIOD ON EACH ESTIMATED TAX PAYMENT FORM.**

PAYMENT OF ESTIMATED TAX

Estimated tax may be paid in full with the initial declaration, or in installments on the required quarterly due dates. If paying in full, only one payment form is required. By utilizing Granite Tax Connect at www.revenue.nh.gov/gtc, you may authorize the Department of Revenue Administration (DRA) to automatically withdraw estimate payments from your account electronically. Simply specify each date for which you would like a payment to be withdrawn from your account and each payment will be withdrawn on those dates.

UNDERPAYMENT OF ESTIMATED TAX PENALTY

A penalty may be imposed under RSA 21-J:32 for an underpayment of estimated taxes if the payments are less than 90% of that tax period's tax liability. If estimated tax payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be assessed. If an estimated tax payment is missed, send the payment as soon as possible to reduce any penalty. **This penalty will not be imposed if any of the statutory exceptions are met.** See "Exceptions to the Underpayment of Estimated Tax Penalty" below.

EXCEPTIONS TO THE UNDERPAYMENT OF ESTIMATED TAX PENALTY

The underpayment of estimated tax penalty shall not apply if you meet one of the exceptions provided in RSA 21-J:32. Use Form DP-2210/2220 to determine whether you have met one of the exceptions or to compute the amount of the penalty associated with the underpayment of estimated tax. This form may be obtained from our website www.revenue.nh.gov or by calling the Forms Line at (603) 230-5001.

NOTE: BET FILING THRESHOLDS CHANGED

Please note for taxable periods beginning on or after January 1, 2023, the filing thresholds for the Business Enterprise Tax have increased to:

- Gross business receipts in excess of \$281,000 (from \$250,000)
- Enterprise value tax base greater than \$281,000 (from \$250,000)

NOTE: BPT FILING THRESHOLDS CHANGED

Please note for taxable periods beginning on or after January 1, 2023, the filing threshold for the Business Profits Tax has increased to:

- Gross business income in excess of \$103,000 (from \$92,000)

NEED HELP?

Call the Department of Revenue Administration, Taxpayer Services at (603) 230-5920. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.